



Report of an inspection of a Designated Centre for Disabilities (Children)

Issued by the Chief Inspector

Name of designated centre:	No.1 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 January 2020
Centre ID:	OSV-0005121
Fieldwork ID:	MON-0022671

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

No 1 Heather Park provides planned short term breaks to children, both male and female, ranging in age from 6 to 18 years. The designated centre can accommodate a maximum of six children with intellectual disabilities/autism at a time. Respite breaks, approximately two overnights on an eight week rotation, are offered to children who attend schools under the patronage of the Brothers of Charity. Respite is available after school hours on weekdays during the school term-time and operates full-time over weekends and school holidays. At the time of inspection the service was operating on a 12 night per fortnight basis.

The centre is located in a rural area on the outskirts of Cork City. Two transport vehicles are available to support the children to attend school and participate in social activities. The house is a single storey house with large garden spaces to the front and rear of the building. There is also a sensory garden at the side of the building. The garden areas are secured by gates and there are electrical gates located at the entrance to the property. The house is comprised of a reception area, two kitchens and living areas, located at either end of the house, two bathrooms, a staff office, laundry, medication room and multi-sensory room. There are six individual bedrooms for the children located throughout the building and two staff bedrooms, one with en-suite facilities. This facilitates the building to be sub divided into two areas if a child requires individual support. Double doors in the middle of the house can be closed, if required.

The staff skill mix includes, nurses, social care staff and care assistants. There are a minimum of two staff on duty at any time, from 13:00 hrs to 10:00 hrs, Monday to Friday and all day and evening during weekends and bank holidays, including night awake staff and sleeping staff every night. Additional staff are rostered when the centre is at full capacity or children with high support needs are availing of respite breaks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 January 2020	10:30hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector was able to meet with three of the children availing of respite breaks on the day of the inspection when they returned from school.

One child removed their shoes on arrival back to the centre and seemed relaxed in the homely atmosphere. The staff had been informed that the child had not eaten a lot while in school so they prepared a food item as per the child's request which they enjoyed eating. The child had ample space to walk around the centre and staff accompanied them into the relaxation room where the inspector could see them enjoy the surroundings and laughing with the staff. The child was able to tell the inspector with the support of staff what they were going to do later on in the evening. They were looking forward to going out on the bus to have something to eat with their peers.

The inspector met another child in the living room using an electronic tablet device. They had already completed an activity with small building blocks and had sourced paper for their drawings. Staff informed the inspector how this child liked the routine of picking out their treats prior to going home which is what they were doing on their electronic device at the time.

The inspector observed another child participating in a table game with a staff member. They enjoyed scoring points against the staff member. The staff supported the child to tell the inspector what activities they had participated in during their stay. They enjoyed a social activity with their peers the evening before and spoke to the inspector about the entertainment centre they had visited. They also liked a particular television series. Staff had provided this information to the inspector prior meeting the child and this assisted in conversing with the child. The inspector was informed that this child had recently commenced attending the service and was still settling into the centre. The inspector was informed that the child had chosen to go home later in the evening which staff were able to facilitate.

The inspector was also able to speak to family members during the inspection. They outlined how their child was enjoying their breaks. They spoke of how the family are assured that their child is happy to go to the designated centre. The child now packs their own bag and staff include the child in the decisions of what activities can be scheduled during their visit. The extensive pre-planning is especially appreciated by family members. The family have seen many different actions by the staff team that have re-assured them that centre does practice person centred care; regular calls and text updates while their child is at the designated centre, phoning the child before they attend the centre and recently sending them a Christmas card by post.

The inspector also reviewed 17 satisfaction questionnaires that had been completed by family members on behalf of their children about the care and support they receive. Overall, families felt their children were very happy while attending the centre, the staff team are very supportive and families were assured their children

were safe while at the centre. The centre was viewed as a home away from home with added benefits of secure outdoor play and sensory areas. The facilities, activities and staff supports were held in very high esteem by families. Some families indicated their child was new to the service and had settled in very quickly, other children had been attending for many years and had been supported by a consistent staff team who ensured their child was listened to.

Residents' individual care needs were known by staff and this was reflected throughout the inspection. The inspector observed the residents to be very relaxed in the company of staff and staff supported the residents in a respectful manner.

Capacity and capability

This was a good service and throughout the inspection the provider and staff team demonstrated their capacity to deliver a safe, effective and quality service to residents. There was a clear governance structure and effective operational management systems in place. All actions from the last inspection had been addressed. The annual review was comprehensive and actions had been completed or were being progressed in a timely manner.

The inspector met with the person in charge and the person participating in management during the course of the inspection. At the time of inspection 35 children were availing of respite services on a regular basis. The person in charge was very knowledgeable about all the residents currently availing of respite services. The role of the person in charge was full time in this designated centre. The person spoke confidently about their role, responsibilities and the management systems in place to ensure safe and appropriate care was being provided. The person in charge had an audit schedule in place and outlined actions taken following a review of the notifications submitted to the Health Information and Quality Authority.

The person in charge had ensured staffing arrangements at the centre were in line with the assessed needs of residents. Suitable cover arrangements were in place to ensure that there was adequate support for staff when the person in charge was off duty. Staff who spoke with the inspector were knowledgeable of the individual preferences and assessed needs of the children attending the service at the time of the inspection. The person in charge had effective procedures in place to ensure all staff had completed mandatory training. Also, a training matrix outlined booked training for staff in the coming months. In addition, some members of the staff team were trained to support and train other members of staff in areas such as hand hygiene, medicines and risk management. The provider was also supporting one staff member on the team to be a communication champion as part of a new initiative within the organisation. Staff also received supervision from their line manager. Staff were provided with a list of E-learning opportunities which included, healthcare, advocacy, teamwork and leaderships skills. Staff attend care planning

meetings every two week and additional training is scheduled when the designated centre is closed. The staff are also supported to reflect on what processes are working well in the designated centre during these sessions. The social care leaders and person in charge also review staff surveys and team effectiveness within the designated centre.

The registered provider ensured that an effective complaints procedure was in place and was in an accessible format for residents. The procedure included an appeals process and was displayed in a prominent area in the designated centre. There were no open complaints at the time of inspection and the inspector saw evidence of concerns raised by parents being dealt with promptly to the satisfaction of the parents concerned. The staff team were very proud of the many compliments that they received over the years and some of these were displayed on the walls in the reception area to help new parents visiting the centre to have a greater understanding or insight into the views/experiences of parents whose children had attended the service in the past. The inspector also reviewed a folder that was full of many positive cards and notes from families who are still receiving support in the centre.

It was evident the admission process used in this centre and the on-going regular interaction with the residents and family members enhanced the individualised service provided to all of the children. The extensive pre-planning, the scheduled visits by the child and family and the supports in place, all enhanced the transition from home to the centre for the children and their families. The inspector was informed the staff team meet every fortnight to discuss any relevant information regarding the children who have attended in the previous two weeks and plan for those scheduled to attend in the up-coming two weeks. Key workers are identified for every child and a member of the staff team links with the family and child to ensure all information is up-to-date prior to every scheduled break for the children. The staff team also support the children to prepare them to commence the next stage of their lives once they leave school and leave the designated centre at the end of their last school year. It was evident to the inspector that the staff team have developed close bonds with the children. While the discharge of the residents is usually planned and scheduled staff expressed concern about the loss of services to these children once they reach the age of 18 years.

The provider has actively engaged with the inspector to submit the application for renewal of registration in-line with the regulatory requirements.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration for the centre had been submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the assessed needs of the residents. There was continuity of care for residents. There was a planned and actual roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had effective measures in place to ensure all staff had access to appropriate training including refresher training. All staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information relating to residents in receipt of services in the designated centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records of the information and documents in relation to staff specified in Schedule 2 were maintained and available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance, leadership and management arrangements to govern the centre ensuring the provision of a good quality and safe service to residents. There were systems in place, such as audits and staff supervision to ensure that the service was provided in line with the residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that all residents had written contracts outlining the services provided and terms of respite services on admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The registered provider did not have volunteers working in the designated centre at the time of the inspection. The person in charge was aware of the requirements under the regulations for volunteers to work in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this designated centre. The registered provider had an effective complaints procedure in an accessible and age-appropriate format. Residents were supported to participate in an advocacy group in the centre.

Judgment: Compliant

Quality and safety

The inspector found that this was a well-managed and safe service. The provider had measures in place to ensure there were robust quality and safety procedures in place in the centre. The practices in the designated centre ensured that residents' well-being was promoted and each child received person-centred care and support that allowed them to enjoy activities both in the designated centre and in the community. Children were provided with individualised care where required and groups of children were supported together who had similar interests or support needs.

The children appeared happy and relaxed as they returned to the centre with the staff in the afternoon. The inspector observed positive interactions between the children and staff during the inspection. The layout and design of the centre suited the needs of the residents'. There was ample space both inside and outside the house to support active children. The rural location with its peaceful surroundings enhanced the outdoor garden areas. The outdoor areas were appropriately decorated with activities, structures and bright colours suitable for the age group of the children attending the service. The house was warm and welcoming throughout. The décor reflected the interests that children may have. Artwork and stencils on the walls throughout the centre enhanced the comfort and vitality of the space. Tactile boards were located in different areas around the hallways and communal areas of the house. Children were supported to choose a bedroom they

wished to stay in each time they arrived. The staff team outlined how some children like to try different bedrooms and others like particular bedrooms on each visit. There was adequate furniture for the children to store their clothing and belongings during their stay. The children had access to many different activities throughout the house; reading books, games, musical instruments, a large doll's house, a ball pool and a table game. Each bedroom door had a chalk board where the child could write their name if they wished. In addition, personal visual schedules were in each room, with group schedules located in the sitting rooms. Some bedrooms had double beds and the person in charge outlined how the children themselves through their advocacy meetings had suggested double beds would be something they would like. Overall, the centre was clean and well maintained, some minor issues noted by the inspector during the day such as locked presses in a sitting room that were not required to be locked, a shower head had been removed from one bathroom earlier in the morning to support a child in another bathroom and an open protection screen for one television; all issues were reviewed and resolved before the inspection ended.

All staff were aware of the communication needs of the children attending the service. Residents were supported to make choices during their short breaks: such as residents' being offered choice in their food preferences and in their activities in the evening. There was also evidence of on-going regular effective communication between the staff team, family members and the different schools each child attended. Visual aids were available where required; a colour coded stop-go system was being used on the bathroom doors. The children were supported to be aware of on-line safety and mobile phone use. The staff team outlined how the children had suggested a protocol in the house around the use of mobile phones which supported greater interaction between peers at different times during the day in communal areas in the house. The staff team ensured family members received regular updates via a phone call or text message while their child was attending the service.

Families were welcomed and supported to visit the designated centre especially as a child was transitioning into the service. However, as children attend for short breaks the staff team regularly collect and return the children to either home or their school. This was reflected in responses received from the parents in the questionnaires returned to the inspector. In addition, the inspector was informed staff team mark the occasion of children leaving the centre when they finish school with a party.

The staff team are able to support the nutritional requirements of all the children. One child who had a restricted diet was being supported with an individualised service at the time of the inspection which reduced the risk of choking for the child but did not impose restrictions on other children in the service.

As previously mentioned in the report, the staff team support the children to transition into adult services. The person in charge attends school leaver meetings and meetings with day services managers as part of the support process to provide assistance to the children moving out of the service.

The registered provider had ensured there were systems in place in the designated

centre for the assessment, management and on-going review of risk. The provider has implemented an electronic risk register which leads to more effective oversight of the risks identified. The person in charge is responsible for managing this system in conjunction with the staff team. The person in charge had sub-divided the risk register to reflect the risk associated with each child. This facilitated an individualised approach to monitoring and reviewing risks within the centre. The provider had also ensured regular vehicle safety checks were being carried out which was an action from the last inspection report.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. The provider had fire safety precautions in place, including regular fire safety checks, up-to-date staff training in fire safety, emergency lighting and regular maintenance of fire fighting equipment. Personal Emergency Egress Plans, PEEP's, were in place for all children and reviewed regularly. In addition, the staff team ensured that the PEEP for a child while they are staying in the designated centre was placed in a fire folder in the staff office during the child's respite stay. Regular fire drills were occurring which demonstrated that the staff could effectively evacuate residents from the centre in a timely manner. The staff outlined to the inspector how they were currently supporting one child new to the service to evacuate each time they were in the centre to ensure the child would leave the centre in the event of an emergency.

There were safe medication management processes in place to protect residents from the risk of medication errors. Medication audits had been carried out regularly and staff spoke with the inspector outlining learning and actions taken to support staff and families to reduce errors that had occurred such as labelling errors and writing dates of opening on liquid medication bottles. Staff outlined the on-going support provided to families prior to each respite stay to ensure all medications that the child will require during their stay are correct. Residents had also been consulted regarding their wish to self-medicate. At the time of inspection three children were being supported to self-medicate and staff outlined how this was successfully progressing for the children.

Individual personal plans for each child were comprehensive and guided staff on how to support the assessed needs of residents, which included residents' social, health and developmental needs. In addition, the staff team had developed an 'Entry Form' which was completed by staff in the days prior to a child attending the service for each short break. In some cases, both the children and families are contacted to ensure any preferred activities can be scheduled or accommodated by the staff team during the short break. This was a comprehensive document that ensured all up-to-date information was available such as medication, sleeping habits, any changes in eating preferences, any illness or other issues since the child's last attendance at the centre. The entry form for each child attending on the day was present. This document was reviewed by all staff on duty and signed to ensure they were aware of the current needs of each child in the house. The person in charge outlined how the staff team support children during each break. To ensure consistency during each stay at least one core staff member was on duty during the entire short break for each child, this facilitated information sharing between the staff team and the family members. The person in charge outlined how this form

had evolved over time to ensure all the required information to support each child is contained in the form. While children are in the centre, the activities the child has participated in, the food choices and the contact made by staff to family are all documented in addition to any other relevant information. Children are encouraged to review their stay each time before they finish their short break. An 'Exit Form' is completed which includes a section of activities the child might like to do when they return. The inspector was informed that some children feel very important and go into the staff office when completing this task. Staff also outlined how one child was supported, with his parents' consent to complete their own care plan with staff.

While there were some restrictive practices in the designated centre, these reflected safety measures to support the age profile of the children. All restrictions were regularly reviewed in line with the provider's policy or more frequently as required. There were keypad locks on the external doors but the code was written next to the door for children who could independently access the garden area. Combination locks were also present on the laundry and medication rooms. The drawer in the kitchen containing sharp knives was also locked. The staff outlined how children were supported to access these areas with staff supervision, for example, if a child was participating in food preparation in the kitchen. During the inspection some presses in one sitting room were locked, there was no clear rationale for this and the person in charge ensured they were unlocked immediately. The high staffing supports at all times ensured children were supported in line with their behavioural support plans and in some cases children were able to engage in positive risk taking such as enjoying the trampoline which would not be available to them in their home settings.

There were no safeguarding concerns at the time of this inspection. The provider had measures in place to ensure the safeguarding of residents from being harmed from abuse. All staff had received safeguarding training and the provider had a policy in place.

Overall, the children are supported by a committed staff team in a comfortable home which meets their assessed needs. There was a good level of compliance with the regulations evident throughout this inspection.

Regulation 10: Communication

The provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Families were supported to visit the designated centre and the children were also supported by staff to go home at the end of their short breaks.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain control of their personal possessions while attending the centre. Procedures were in place to support the residents to manage their finances, if required, while in the designated centre as per the provider's policy.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents received appropriate care and support having regard to residents' assessed needs and abilities.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was of sound construction and kept in a good state of repair internally and externally. The premises was clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Special dietary requirements were supported by knowledgeable staff and clear guidelines were available to ensure consistency in support given to residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was available throughout the designated centre in easy-to-read format. The provider had ensured residents and their families had access to a resident's guide which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge ensured the discharge of residents occurred in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective safety measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff and the completion of fire evacuation drills. Individualised emergency evacuation plans for all residents were also available in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust reviews of medication management within the designated centre leading to safe medication management practices. Some residents were supported to manage their own medication needs with staff assistance to ensure that medication was taken as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' needs and staff knowledge. The next-of-kin and where possible the resident themselves participated in the regular review of personal plans.

Judgment: Compliant

Regulation 6: Health care

The families and provider supported the healthcare needs of the residents together. Staff supported residents to access a range of healthcare services, such as general practitioners, allied healthcare professionals and consultants with the families if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up-to-date knowledge and skills to support children to manage their behaviours.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from

harm or abuse. All staff had received training in safeguarding and knew how to respond to a safeguarding concern.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents' privacy and dignity were respected. Services were provided in accordance with residents' wishes. Residents were actively involved in decision making in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant